



Rev. 10/01

**Massachusetts
Department of
Revenue**

Form W-2 Magnetic Media Transmitter Report

Please print or type. For **each** type of media submitted, complete a separate Magnetic Media Transmitter Report. Mail all completed W-2 reports and media to: **Massachusetts Department of Revenue, PO Box 7084, Boston, MA 02204.**

Submitter/Transmitter Federal ID number: _____

Your tape cannot be processed without the submitter FID number.

Submitter name

Contact person

Street address

Contact phone number

()

City/Town

State

Zip

☐ Check if your organization's name or address has changed since filing its last report.

1. Tax year filing _____

2. Media filed: ☐ Magnetic tape ☐ IBM 3480 cartridge ☐ Diskette.

3. Which specifications did you use to file your report?:

☐ MMREF. Record length is 512 bytes only.

☐ TIB-4 (prior approval required). Record length: ☐ 275 bytes ☐ 276 bytes ☐ 128 bytes (diskette).

4. Magnetic media information:

Blocking factor _____

Format:

☐ ASCII☐ EBCDIC☐ VMS Backup

Density:

☐ 1600 BPI☐ 6250 BPI☐ 37,871 BPI (**36 track not accepted**)

Internal label:

☐ IBM Standard☐ Unlabeled

5. Is the tape submitted a multiple reel file? ☐ Yes ☐ No.

If you checked "Yes," enter tape numbers of multiple reel files _____ / _____ / _____ / _____

6. What is the total number of **employers** reported? _____

7. What is the total number of **employees** reported? _____

8. Does your company currently file, or plan to file, Form W-2 reports with the Social Security Administration via Electronic Data Transfer (EDT) or the Online Wage Reporting Service (OWRS)? ☐ Yes ☐ No.

I declare that I have examined this report and to the best of my knowledge it is true, correct and complete.

Signature

Title

Date

This form is the only tape documentation needed. Tape dumps and other reports are not required.